

1.) CORPORATION NAME:

PARENTS OF MURDERED CHILDREN, INC.

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**SARAH HESS
744 SALT MEADOW BAY DR #316
VIRGINIA BEACH, VA**

SCC ID NO: **F1410168**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

VIRGINIA BEACH CITY

4.) STATE OR COUNTRY OF INCORPORATION:

OH

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4960 RIDGE AVE.
STE 2

CITY/ST/ZIP: CINCINNATI, OH 45209

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	HOWARD KLERK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4960 RIDGE AVE. STE 2		
CITY/ST/ZIP/CO:	CINTI, OH 45209		

NAME:	TERRY JACOBY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	503 NORTH COUNTY FARM RD		
CITY/ST/ZIP/CO:	WHEATON, IL 60187		

NAME:	CAROLE DIADDEZIO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	100 KELMAR AVENUE		
CITY/ST/ZIP/CO:	MALVERN, PA 19355		

NAME:	MARVIN BRYANT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1006 KENMORE DR.		
CITY/ST/ZIP/CO:	COLUMBIA, SC 29209		

NAME:	CARROLL ANN ELLIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9300 LEE HIGHWAY S		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22031		

NAME:	EVELYN MCGANN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1620 STANTON AVE.		
CITY/ST/ZIP/CO:	SAN PABLO, CA 94806		

NAME: TIM WOODS TITLE: DIRECTOR ADDRESS: 1450 DUKE ST CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Beckie Miller TITLE: DIRECTOR ADDRESS: 19620 North 38th Ave CITY/ST/ZIP/CO: Glendale, AZ 85308	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Robert Sargent TITLE: DIRECTOR ADDRESS: 88 Elmwood CITY/ST/ZIP/CO: Gloucester, NJ 08830	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Martha Lasher Warner TITLE: SECRETARY ADDRESS: 19 Rhode Island Ave CITY/ST/ZIP/CO: Renselaar, NY 12144	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ HOWARD KLERK	HOWARD KLERK, PRESIDENT	3/25/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		